

Albany Helping Hands 14th Annual Bridge of Hope Fundraiser

Albany Helping Hands
619 9th Ave SE, Albany, OR 97322
541-926-4036
www.albanyhelpinghands.org



Dinner and Live Auction

Wednesday, May 15, 2024, 5:00 – 9:00 pm
Hope Church Family Center

Option A: Event Sponsorship	Auction	Web Site	Your investment
Bridge of Hope Sponsorship for large and small businesses, Non-Profit Organizations, Churches, and individuals	Sponsor Logo or name on Auction Slides & Program	Sponsor Logo or name on:	We will send an invoice, or you may pay by check, credit card, or online.
Platinum Sponsor	✓	Banner Home & Event Pages	\$5000 <input type="checkbox"/>
Gold Sponsor	✓	Banner Home & Event Pages	\$2500 <input type="checkbox"/>
Silver Sponsor	✓	Banner Home & Event Pages	\$1000 <input type="checkbox"/>
Bronze Sponsor	✓	Banner Event Pages	\$500 <input type="checkbox"/>
Table Sponsor	✓	Name Event Page	\$400 <input type="checkbox"/>

Option B: Auction Donations	Donation of Products or Services	Yes <input type="checkbox"/>	Minimum value: \$100.00
------------------------------------	----------------------------------	------------------------------	-------------------------

Benefits: Donors of Auction Item(s) are given recognition as a donor online.

Fair Market Value of each product or Service		Description of product or service and details	
Item #1	\$	Product or Services:	
Item #2	\$	Product or Services:	
Item #3	\$	Product or Services:	
Item #4	\$	Product or Services:	
Item #5	\$	Product or Services:	
Item #6	\$	Product or Services:	
Total Auction	\$	<input type="checkbox"/> Auction Item(s) <input type="checkbox"/> Client Certificate(s) <input type="checkbox"/> We Create Certificate(s)	Physical Asset(s) Received: by _____ on ____/____/2024 Storage location(s): <input type="checkbox"/> Office <input type="checkbox"/> Safe <input type="checkbox"/> Other _____ Submitted by (AHH representative) _____ on ____/____/2024

Notes:

Entered into: Accounting Harness

Albany Helping Hands 14th Annual Bridge of Hope Fundraiser

Complete this Section for all Sponsors and Auction Donors			
<i>Signature of Sponsor/Donor:</i>	<i>Approved by:</i> _____	<i>Date:</i>	____ / ____ /2024
<i>Contact:</i>	_____		
<i>Sponsor/ Donor:</i>	_____		
<i>Phone:</i>	<i>Address:</i>	<i>Email / Web Site:</i>	
<i>Payment Method:</i>	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Bill Me <input type="checkbox"/> Auction Item or Service <input type="checkbox"/> In-kind <input type="checkbox"/> Other		
<i>Auction Item Procurement and Gift Certificate Details:</i>	<input type="checkbox"/> Need to Pick up Item or certificate. Details (<i>when, where, who</i>) _____ <input type="checkbox"/> Donated item or certificate picked up and stored where (safe, office, other) _____ <input type="checkbox"/> Gift Certificate(s) Need to be created- details : _____		

Dinner Guest Signup		Please provide guest information in the form provided below:
Please check one	<input type="checkbox"/> Sponsor and guests not attending: AHH will fill your sponsored table. <input type="checkbox"/> Sponsor will fill a table of eight guests and provide contact information below. <input type="checkbox"/> Sponsor will partially fill the table with ____ guests. Contact information is below.	
<i>Name, Address, Phone, Email</i>		<i>Name, Address, Phone, Email</i>
Guest 1	Guest 5	
Guest 2	Guest 6	
Guest 3	Guest 7	
Guest 4	Guest 8	

AHH Representative: _____	Date Submitted: _____
---------------------------	-----------------------

To Donate or be an Event and Table Sponsor, please contact:

Don Sparks 541-928-4036 (don@albanyhh.org)
 Chris Erickson 541-928-2986 (cderickson@me.com)
 Trudy Fields 541-928-4036 (trudy@albanyhh.org)

Emerson Smoker 541-979-0112 (emersons@ritewayelectric.net)
 Jessica Becker 541-926-4036 (Jessica@albanyhh.org)

Guests entered into Harness by: _____

Date Entered: _____